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From the Desk of LUKE A. KILYK*

400 Holiday Court Suite 102 WARRENTON, VA 20186

FAIRFAX OFFICE 3603-E Chain Bridge Road Fairfax, Virginia 22030

Email: lkilyk@kbpatentlaw.com Website: http://www.kbpatentlaw.com

5404281721

(540) 428-1701 TEL.: (540) 428-1720 FAC.:

(540) 428-1721

*Admitted only in PA and DC

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FACSIMILE TRANSMISSION COVER SHEET

DATE:

February 29, 2008

TO:

Examiner Jason M. Sims Group Art Unit 1631

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RE:

U.S. Patent Application No. 10/681,352

For: DIAGNOSTIC METHOD OF SELECTING APPROPRIATE CANCER TREATMENTS AND SCREENING METHOD OF MEASURING REAGENTS

AND CURATIVE MEDICINES FOR CANCER PATIENTS

Our Ref: 3190-044

FROM:

Luke A. Kilyk, Esq. 25

FAC. TEL. NO.:

1-571-273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET):

Items Attached:

Request for Continued Examination -- 1 page

Petition for 1-month Extension of Time -- 1 page

Fee Transmittal -- 1 page

Credit Card Payment Form -- 1 page

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<u>Kim Blum</u>

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PTO/SB/17 (10-03) ADDIEGO FOR ESE MITOUGH 07/3 1/2008. OMB 0651-0032

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1-540-428-1701

February 29, 2008

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known FEE TRANSMITTAL 10/681,352 Application Number October 8, 2003 Filing Date for FY 2008 Kyoji Ogoshi First Named Inventor Jason M. Sims Examiner Name Effective 10/01/2003. Patent fees are subject to annual revision 1631 Art Unit Applicant Claims small entity status. See 37 CFR 1.27 3190-044 Attorney Docket No (\$) 465.00 TOTAL AMOUNT OF PAYMENT FEE CALCULATION (continued) METHOD OF PAYMENT (check all that apply) **ADDITIONAL FEES** Check X Credit card Money Other None Large Entity | Small Entity Fee Pald Fee Description Fee Code (\$) Code 181 x Deposit Account Surcharge - late filing fee or oath Deposit Account Number 130 2051 1051 50-0925 Surcharge - late provisional filing fee or cover sheet 25 1052 50 2052 Deposit Kilyk & Bowersox, P.L.L.C. Account Name Non-English specification 1053 130 1053 130 The Director is authorized to: (check ell that apply) X Credit any overpayments For filing a request for ex parte reexamination 1812 2,520 1812 2,520 Charge fee(s) indicated below Requesting publication of SIR prior to 1804 920* 1804 920* X Charge any additional fee(s) or any underpayment of fee(s) Examiner action Requesting publication of SIR after Charge fee(s) indicated below, except for the filling fee 1.840* 1805 1.840 1805 Examiner action to the above-identified deposit account. 60.00 120 2251 Extension for reply within first month 1251 **FEE CALCULATION** Extension for reply within second month 230 2252 1252 460 1. BASIC FILING FEE Extension for reply within third month 2253 525 1253 1050 Large Entity | Small Entity 820 2254 Extension for reply within fourth month Fee Description 1254 1640 Code (\$) Code (\$) 2255 1,115 Extension for reply within fifth month 1255 2,230 Utility filing fee 1011 310 2011 155 255 Notice of Appeal 1401 510 2401 210 2012 105 Design filing fee 1012 510 2402 255 Filling a brief in support of an appeal 1402 210 2013 105 Plant filing fee 1013 1403 1.030 2403 515 Request for oral hearing 310 2014 155 Relssue filing fee 1014 Petition to institute a public use proceeding 1,510 1451 1.510 1451 105 Provisional filling fee 210 2005 1005 510 2452 Petition to revive - unavoidable 1452 2453 770 Petition to revive - unintentional 1453 1.540 SUBTOTAL (1) (\$) 0.00 2501 720 Utility issue fee (or reissue) 1501 1.440 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from 820 2502 410 Design issue fee 1502 below Fee Paid 565 Plant issue fee 2503 х 1503 1.130 Total Claims Independent Claims X Petitions to the Commissioner 1464 130 1480 130 50 Processing fee for provisional applications 50 1807 1207 Multiple Decendent 180 Submission of Information Disclosure Stmt 180 1806 1806 Small Entity Large Entity Recording each patent assignment per 40 8021 40 8021 Fee Code Fee Description property (times number of properties) Code (\$) Filling a submission after final rejection 2809 405 1809 810 1202 2202 25 Claims In excess of 20 (37 CFR 1.129(a)) For each additional invention to be examined (37 CFR 1.129(b)) 810 2810 405 1810 Independent claims in excess of 3 1201 210 2201 105 Request for Continued Examination (RCE) 405.00 Multiple dependent claim, if not paid 810 2801 405 1801 1203 370 2203 185 Request for expedited examination *Reissue independent claims over original patent 1802 900 1802 900 2204 105 1204 210 of a design application 2205 *Reissue claims in excess of 20 1205 50 and over original patent Other fee (specify) SUBTOTAL (2) (\$) 0.00 SUBTOTAL (3) (\$) 465.00 *Reduced by Basic Filing Fee Paid ** or number previously paid, if greater; For Reissues, see above Complete (if applicable) SUBMITTED BY Registration No

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(Attorney/Agent)

Kim Blum	BentBlum
Name (Print)	Signature

Luke A. Kilyk

Name (Print/Type)

Signature